



# TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

August 29, 2024

Hon. Daryl Melton  
Sabine County Judge  
PO Box 716  
Hemphill, TX 75948

Dear Judge Melton:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose Sabine County's employee benefit renewal for your upcoming plan anniversary date.

For over a decade, the Pool renewal has been below the state average for health plan rate increases. While high-cost claimants (individuals whose claims exceed \$50,000) and high-cost specialty medications continue to have a significant impact, the **Pool renewal average of 4.6%** is once again below the projected 2025 medical and prescription drug trend (healthcare cost inflation) for Texas, which is 7-13%.

Renewal rates are set annually using a comprehensive actuarial process that determines the amount needed by the Pool to fund claims and operating costs for the coming year. We then evaluate each individual county or district based on a combination of the group's size, claims experience, high-cost claimants, age and gender statistics, and geographic area (healthcare claims vary significantly by geographic region of the state). **Based on this analysis, Sabine County's renewal rate may be above or below the Pool average.** Your renewal rates for Plan Year 2025 are enclosed, along with your TAC Employee Benefits and Wellness Consultants' contact information. Your renewal information may include alternate benefit plans (if not, alternates are available upon request).

Instructions for completing your renewal selections online are provided in a separate attachment within your renewal email.

TAC HEBP understands how valuable healthcare benefits are for your employees and their families. We appreciate your partnership with the Pool and are pleased to help Sabine County offer this important employee benefit. Again, we thank you for your membership in the Pool and look forward to working with you during the upcoming plan year.

Sincerely,

Quincy Quinlan, Director  
Health and Benefits Services Department  
Texas Association of Counties

Cc: Hon. Tricia Jacks



# TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Sabine County's Renewal Rate change(s) for Plan Year 2025:

**Health Plan:** 5%  
**Dental Plan:** -1%  
**Life Plan(s):** No change to current Life rates.  
**Vision Plan:** No change to current Vision rates.

**NOTE: Deadline for returning signed renewal documents to TAC HEBP:  
October 7, 2024**

Contact your TAC Employee Benefits Consultant right away if you:

- ✓ Want to discuss alternates (which may lower rates), and/or to learn about the impact of changes to your plan
- ✓ Want information about other TAC HEBP employee benefit plans (Dental, Life, or Vision)
- ✓ Are considering changes to your personnel policies that will affect benefits (such as adding/dropping retiree benefits, changing waiting period, etc.)

**Employee Benefits Consultant:** *Orlando Espinoza (orlandoe@county.org) (800) 456-5974*

- **HEALTHY COUNTY FORMS:** Your renewal packet includes Healthy County Contacts and CSI (County Specific Incentive) documents. Please review and make changes as needed to your Wellness contact information. Please complete both forms and return them with your renewal. Contact your TAC Wellness Consultant if you have any questions.

**Wellness Consultant:** *Ashley Cureton-Whitfield (ashleyc@county.org) (800) 456-5974.*

- **EMPLOYEE OPEN ENROLLMENT:** You have the option to allow employees to make their open enrollment changes online through the Employee Self-Service portal by logging on to <https://mybenefits.county.org>.
- **AFFORDABLE CARE ACT FEES:** The HEBP Board voted to pay 2024 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.
- **OPEN ENROLLMENT TOOLKIT:** This will be sent via email by October 14 and contains the forms and notices your group will need to process employee benefit renewals.
- **WHEN IT'S DUE:** Once your renewal benefit decision has been approved, complete:
  1. Sabine County's Renewal Notice and Benefits Confirmation (RNBC) **AND**
  2. Healthy County Wellness Contacts and CSI forms, print and initial/sign where indicated, and return to TAC HEBP via email, or fax to (512) 481-8481 on or before the date shown below.



# TEXAS ASSOCIATION *of* COUNTIES

## HEALTH AND EMPLOYEE BENEFITS POOL

**ACTION REQUIRED:** Please present the renewal to the Commissioners Court for a decision. Once the renewal plan has been selected, complete the RNBC form online\*, and **return the initialed and signed RNBC to TAC no later than:**

**October 7, 2024.**

**NOTE:** Submitting your RNBC after the due date will result in a delay in implementing your benefit plan renewal, including employee enrollment changes.

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### **Renewal Attachments:**

Renewal Letter

Renewal Documents

- Renewal Notice and Benefit Confirmation (RNBC) \*
- 12-month Claims Report
- High-Cost Claimant (HCC) Report
- Healthy County Wellness Contacts designation form \*
- Healthy County County-Specific Incentive (CSI) election form \*

Renewal Packet

Online RNBC Completion Instructions

\* return initialed/signed copies to TAC HEBP by due date

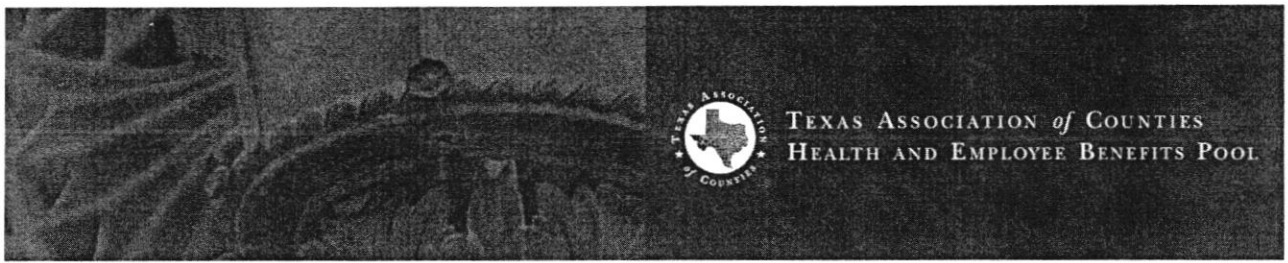
### **Renewal Packet contents:**

Renewal Checklist

Renewal Calendar

Affordable Care Act update memo for 2024-25

TAC HEBP Territory Map and Contacts



## 2024 – 2025 Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine County    Anniversary Date: 01/01/2025

Return to TAC by: 10/07/2024

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 5124818481 or email to haileyg@county.org.

For any plan or funding changes other than those listed below, please contact Hailey Gajewski at 8004565974.

### Medical

Medical: Plan 1500-NG \$40 Copay, \$2500 Ded, 80%, \$4350 OOP Max

RX Plan: 3A-NG \$10/20/35, \$0 Ded

Your % rate change is: 5.00%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 01/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$842.32	\$884.44	\$ <u>884.44</u>	\$ <u>0</u>	\$ _____	\$ _____
Employee & Spouse	\$1,767.06	\$1,855.40	\$ <u>884.44</u>	\$ <u>970.96</u>	\$ _____	\$ _____
Employee & Child	\$1,029.84	\$1,081.32	\$ <u>884.44</u>	\$ <u>196.88</u>	\$ _____	\$ _____
Employee & Child(ren)	\$1,314.28	\$1,379.98	\$ <u>884.44</u>	\$ <u>495.54</u>	\$ _____	\$ _____
Employee & Family	\$2,173.34	\$2,282.00	\$ <u>884.44</u>	\$ <u>1397.56</u>	\$ _____	\$ _____

\_\_\_\_\_ Initial to accept Medical Plan and New Rates.

Increase \$42.12 per person

## Dental

**Dental:** Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

**Your % rate change is:** -1.00%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 01/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$25.54	\$25.28	\$ <u>25.28</u>	\$ <u>0</u>	\$ _____	\$ _____
Employee & Spouse	\$51.08	\$50.56	\$ <u>25.28</u>	\$ <u>25.28</u>	\$ _____	\$ _____
Employee & Child(ren)	\$69.08	\$68.38	\$ <u>25.28</u>	\$ <u>43.10</u>	\$ _____	\$ _____
Employee & Family	\$94.64	\$93.68	\$ <u>25.28</u>	\$ <u>68.40</u>	\$ _____	\$ _____

\_\_\_\_\_ Initial to accept Dental Plan and New Rates.

*Decrease .26 cents per person*

## Vision

**Vision:** VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance

**Your % rate change is:** 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 01/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ <u>4.58</u>	\$ <u>0</u>	\$ _____	\$ _____
Employee & Spouse	\$8.72	\$8.72	\$ <u>4.58</u>	\$ <u>4.14</u>	\$ _____	\$ _____
Employee & Child(ren)	\$9.18	\$9.18	\$ <u>4.58</u>	\$ <u>4.60</u>	\$ _____	\$ _____
Employee & Family	\$13.52	\$13.52	\$ <u>4.58</u>	\$ <u>8.94</u>	\$ _____	\$ _____

\_\_\_\_\_ Initial to accept Vision Plan and New Rates.

*No Change*

**Life – Basic (Employer Paid)**

**Basic Life Products:**

Coverage volume per employee: \$25,000  
(Rates per thousand)

**Basic Life**

Current Rates	New Rates Effective 01/01/2025	New Amount Employer Pays	
\$0.29	\$0.29	\$0.29	7.25

**Basic AD&D**

Current Rates	New Rates Effective 01/01/2025	New Amount Employer Pays	
\$0.03	\$0.03	\$0.03	.15

\_\_\_\_\_ Initial to accept New Basic Life Rates.

## Waiting Period

Waiting period applies to all benefits.

### Employees

30 days - Day following waiting period

### Elected Officials

30 days - Day following waiting period

\_\_\_\_\_ Initial to confirm.



## COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

County/Group processes COBRA on OASys

*\*County/Group is responsible for fulfilling COBRA notification process and requirements.*

BCBS COBRA Department processes COBRA

*\*BCBS COBRA Department administers via COBRA contract with the County/Group*

County/Group processes TAC HEBP Continuation of Coverage on OASys

*\*County/Group is responsible for fulfilling COBRA notification process and requirements*

\_\_\_\_\_ Initial to confirm COBRA Administration.

## PLAN INFORMATION

### Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable:

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Broker Rep or  
Consultant's Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

\_\_\_\_\_ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- If applicable, broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical, dental, and vision.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

## PHYSICAL MAILING ADDRESS

Please confirm your group's physical mailing address information:

Address PO Box 597 \_\_\_\_\_  
Hemphill, TX 75948 597 \_\_\_\_\_

\_\_\_\_\_ Initial to confirm Physical Mailing Address.

## TAC HEBP Member Contact Designation

### CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member Group. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

**Name / Title** Honorable Daryl Melton / Judge  
**Address** PO Box 716  
Hemphill, TX 75948 716  
**Phone** 4097873543  
**Fax**  
**Email** daryl.melton@co.sabine.tx.us

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### BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

**Name / Title** Honorable Tricia Jacks / Treasurer  
**Address** PO Box 597  
Hemphill, TX 75948 597  
**Phone** 4097872210  
**Fax** 4092208379  
**Email** treasurer@co.sabine.tx.us

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### COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

**Name / Title** Honorable Tricia Jacks / Treasurer  
**Address** PO Box 597  
Hemphill, TX 75948 597  
**Phone** 4097872210  
**Fax** 4092208379  
**Email** treasurer@co.sabine.tx.us

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\_\_\_\_\_  
**Signature of County Judge or Contracting Authority**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Please PRINT Name and Title**

*The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.*



2024 – 2025 Alternate Plan Proposal

Group: 36227 - Sabine County

Effective Date: 01/01/2025

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	Plan 1500-NG	Plan 1500-NG	Plan 1520-NG	Plan 1530-NG	Plan 4000-NG
Option:	RX-3A-NG	RX-3A-NG	RX-3A-NG	RX-3A-NG	RX-3A-NG
<b>Rates</b>					
Employee Only	\$842.32	\$884.44	\$868.12	\$850.20	\$828.22
Employee & Spouse	\$1,767.06	\$1,855.40	\$1,820.88	\$1,782.92	\$1,736.40
Employee & Child	\$1,029.84	\$1,081.32	\$1,061.32	\$1,039.32	\$1,012.38
Employee & Child(ren)	\$1,314.28	\$1,379.98	\$1,354.38	\$1,326.22	\$1,291.72
Employee & Family	\$2,173.34	\$2,282.00	\$2,239.48	\$2,192.72	\$2,135.42
<b>Medical Plan</b>					
Deductible In/Out Network	\$2500/7500	\$2500/7500	\$3000/7500	\$3500/7500	\$4000/8000
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$4350/8000	\$4350/8000	\$4150/8000	\$4650/8000	\$4700/9400
Office Visit	\$40	\$40	\$40	\$40	\$40
Specialist Visit					
Emergency Room Hospital	\$150	\$150	\$150	\$150	\$250
<b>Prescription Plan</b>					
Prescription Card Co-Pay	\$10/20/35	\$10/20/35	\$10/20/35	\$10/20/35	\$10/20/35
Deductible	\$0	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 10/07/2024 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here \_\_\_\_\_.

Fax the signed document to 5124818481 or email to haileyg@county.org.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 12-Month Medical Report

Post Date : Jul 2024

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Aug 2023 - Jul 2024]

Coverage Type : (Medical)

Group : (036227 - SABINE COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Aug 2023	62	84	\$55,949.10	\$21,315.97	\$15,951.05	\$37,267.02
Sep 2023	58	78	\$51,687.34	\$14,395.24	\$12,043.02	\$26,438.26
Oct 2023	60	80	\$55,199.62	\$13,944.25	\$10,785.86	\$24,730.11
Nov 2023	61	82	\$55,199.62	\$11,439.51	\$15,728.81	\$27,168.32
Dec 2023	61	82	\$57,168.70	\$33,389.14	\$8,722.31	\$42,111.45
Jan 2024	60	80	\$55,296.54	\$67,708.66	\$14,801.04	\$82,509.70
Feb 2024	60	80	\$55,296.54	\$50,860.51	\$12,404.59	\$63,265.10
Mar 2024	58	77	\$54,266.70	\$16,162.28	\$13,808.85	\$29,971.13
Apr 2024	60	81	\$54,266.70	\$40,480.95	\$15,446.58	\$55,927.53
May 2024	61	82	\$57,265.62	\$24,624.42	\$18,457.12	\$43,081.54
Jun 2024	60	81	\$56,423.30	\$24,835.92	\$23,522.64	\$48,358.56
Jul 2024	59	80	\$55,580.98	\$28,802.40	\$16,718.85	\$45,521.25
<b>Total: Selected Filter(s)</b>	<b>60</b>	<b>81</b>	<b>\$663,600.76</b>	<b>\$347,959.25</b>	<b>\$178,390.72</b>	<b>\$526,349.97</b>



**HCC - No PHI**

Post Date : Jul 2024

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)  
 Metrics : (Paid)  
 Claim Type : (MEDICAL, PHARMACY)  
 Coverage Type : (Medical)  
 Group : (036227 - SABINE COUNTY)  
 Paid Month : Last 12 Months [Aug 2023 - Jul 2024]

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
8380037543	Active	\$59,155.28	\$189.42	\$59,344.70
20550300172	Active	\$41,860.35	\$6.72	\$41,867.07
18240706529	Active	\$23,372.18	\$16,683.07	\$40,055.25
13720300654	Active	\$14,301.28	\$23,807.52	\$38,108.80
6380269481	Active	\$29,865.54	\$84.06	\$29,949.60
3055357087	Active	\$8,172.83	\$15,631.66	\$23,804.49
20330580671	Active	\$18,251.52	\$555.61	\$18,807.13
6830439120	Active	\$5,247.31	\$13,157.26	\$18,404.57
16400299840	Active	\$2,283.96	\$13,832.09	\$16,116.05
19800407599	Active	\$7,091.29	\$9,009.93	\$16,101.22
20270509444	Active	\$1,484.01	\$14,605.68	\$16,089.69
12750039992	Active	\$9,806.07	\$6,241.39	\$16,047.46
19880023213	Active	\$13,708.43	\$82.60	\$13,791.03
18830091021	Active	\$7,638.38	\$5,592.63	\$13,231.01
3100375838	Active	\$3,560.27	\$9,551.71	\$13,111.98
3040618612	Active	\$12,402.02	\$393.66	\$12,795.68
16740305220	Active	\$1,102.58	\$10,333.21	\$11,435.79
10560035498	Active	\$827.78	\$10,308.86	\$11,136.64
<b>Query Total</b>	<b>18</b>	<b>\$260,131.08</b>	<b>\$150,067.08</b>	<b>\$410,198.16</b>

## 12-Month Dental Report

Post Date : Jul 2024

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Aug 2023 - Jul 2024]

Coverage Type : (Dental)

Group : (036227 - SABINE COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Aug 2023	64	103	\$2,846.88	\$1,250.54
Sep 2023	60	98	\$2,684.08	\$1,046.08
Oct 2023	65	104	\$2,529.78	\$1,263.92
Nov 2023	66	104	\$2,529.78	\$1,099.51
Dec 2023	66	104	\$2,580.86	\$1,029.00
Jan 2024	64	101	\$2,486.24	\$1,068.70
Feb 2024	64	101	\$2,486.24	\$1,732.00
Mar 2024	63	99	\$2,417.16	\$2,267.40
Apr 2024	65	103	\$2,417.16	\$3,432.92
May 2024	65	102	\$2,537.32	\$1,442.25
Jun 2024	64	101	\$2,511.78	\$3,193.25
Jul 2024	63	100	\$2,486.24	\$4,769.91
<b>Total: Selected Filter(s)</b>	<b>64</b>	<b>102</b>	<b>\$30,513.52</b>	<b>\$23,595.48</b>



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Sabine County

### WELLNESS COORDINATOR

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

**Current Wellness Coordinator**

Please list changes and/or corrections:

Name: Hon. Tricia Jacks

Title: Treasurer

Address: PO Box 597  
Hemphill, TX 75948-0597

Email: treasurer@co.sabine.tx.us

Phone Number: (409) 787-2210

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### WELLNESS SPONSOR

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

**Current Wellness Sponsor**

Please list changes and/or corrections:

Name:

Title:

Address:

Email:

Phone Number:

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Contracting Authority Signature: \_\_\_\_\_

Date: \_\_\_\_\_